New Patient Referral Form

☐ **MEDICAL ONCOLOGY**
☐ **HEMATOLOGY**

Patient Name: Virginia Louwellen Green _____ Sex: ○ M / ◉ F
First Middle Last

Mailing Address: _____
Street City State Zip

Home Phone: +1 256-651-4685 Work Phone: (615) 555-1212 Race: blank,white

Cell Phone: +91 76394 34455 Other Phone: _____ Marital Status: _____

Date of Birth: Jan 27 1900 SSN: 123-34-5678 Diagnosis: test sayeem

Preferred Treating MD: _____ Referring Provider: Herbert Green

Referring Office: Phone Number: 256-784-7336 Fax Number: 256-743-4358

NPI Number: 1234567890

Primary Care MD: _____ (required for BCBS AL Marketplace patients)

Primary Insurance: Blue Cross Blue Shield of Alabama ID: 4567 Group #: _____

Policy Holder Name: _____ DOB: _____ Sex: M / F ○ ○

Relationship to Patient: _____

Secondary Insurance: Alabama Medicare Part B ID: _____ Group #: _____

Policy Holder Name: _____ DOB: _____ Sex: M / F ○ ○

Relationship to Patient: _____

Hematology Referral Requirements: Office Notes, Labs

Oncology Referral Requirements: Office Notes, Labs, Pathology Report(s), Scans, Mammograms, X-rays

Fax Referrals to (256) 265-1825
Call Referrals to (256) 265-1822

Appointment Time and Date (office use only): _____

Referral Received by (office use only): _____

Updated 5/22